

## Pendleton Care Limited

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### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We undertook this comprehensive inspection on 19 May 2015. Pendleton Care Limited is a domiciliary care agency that provides staff for a small supported living service in Rochdale but the registered office for the service is in Birkenhead.

Three people live at the property and have lived there for more than ten years. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people had a clean, comfortable and safe place to live that was close to Rochdale town centre. Records we looked at showed that regular health and safety checks were carried out. There was always a member of staff on duty to support people. The staff we spoke with had good knowledge of the needs of the people they supported and had attended relevant

# Summary of findings

training. All staff had received training about safeguarding and this was updated every year. We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People chose how they wished to spend their time and were supported to participate in the local community. Menus were planned weekly by the people who used the service. People were all registered with a local GP practice

and had an annual health check. The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. There was a record of medical appointments people had attended.

People were encouraged to complete annual satisfaction surveys. A programme of quality audits was in place to monitor the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

All staff had received training about safeguarding and this was updated annually.

The house was clean and well-maintained and records showed that regular health and safety checks were carried out.

There were enough staff to support people and keep them safe.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Good



### Is the service effective?

The service was effective.

There was a small team of staff, all of whom had completed the Potential induction training. Some staff had a National Vocational Qualification (NVQ) in care.

Menus were planned by the people who used the service. People's weights were recorded monthly.

People were registered with a local GP practice and were supported to access community health services including dentist and optician.

Good



### Is the service caring?

The service was caring.

The staff understood people's needs and choices and treated them with respect. Two people had the services of an advocate.

One person went out independently and the other people had funding for one to one support by staff so that they could go out into the community.

Good



### Is the service responsive?

The service was responsive.

People chose how they spent their time and were supported by staff to pursue their hobbies and interests.

Each person had plans for their care which contained information about their support needs and their preferences.

Good



### Is the service well-led?

The service was well led.

The service had a registered manager.

People who used the service, staff and stakeholders were encouraged to complete an annual satisfaction survey.

Good



# Summary of findings

Regular audits were carried out to monitor the quality of the service.	
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# Pendleton Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 May 2015 and was announced. We pre-arranged the visit to ensure that we would be able to meet the people who used the service. The inspection was carried out by an Adult Social Care inspector.

Before the inspection we looked at information CQC had received since our last visit. During our visit we spoke with the three people who used the service, and four members of staff. We looked at care plans for two people who used the service, medication records, staff records that were available electronically, health and safety records, and management records.

# Is the service safe?

## Our findings

Records we looked at showed that all staff had received training about safeguarding and this was updated annually. The service had a copy of the company's safeguarding policies and procedures. Information about safeguarding, and who to contact to report any concerns, was displayed on an information board in the dining room for staff and for people who used the service.

Risks associated with daily living, life style choices and hobbies had been assessed and recorded in people's care files, and actions put in place to minimise identified risks. For example, one person had a history of self-harm and a behaviour management plan was in place to provide guidance for staff in dealing with this. A member of staff who we spoke with was able to tell us the action they took to keep the person safe.

The manager showed us all around the building, including people's bedrooms with their consent. All areas were clean and well-maintained and provided a safe environment for people to live in. Records we looked at showed that regular health and safety checks were carried out and current maintenance certificates were in place for the property with respect to fire extinguishers, portable appliances, gas, and the cold water system.

We looked at the staff rota which showed there was always a member of staff on duty over the 24 hour period. This was funded by an 'individual service fund' for each person. The people who used the service were mobile and independent for personal care and one member of staff was able to meet their support needs. In addition, people had one to one support for a number of hours each week to support them in the community. One person had additional

funding for trips out in their own vehicle. Additional staff were available if and when needed from a pool of bank staff and an on-call system was available at all times to ensure that support was available for staff working on their own. The on call rota included both management, and another member of the support staff team who could come in if needed. Lone worker risk assessments had been carried out and there was a record on the noticeboard of where people were and which mobile phone they had with them.

The company had policies and procedures which were followed to ensure that when new staff were recruited the required checks were carried out. The manager described the process for recruitment of new staff and told us that she took all documents to the office in Birkenhead when the process was complete. During our visit we were able to see some records that were held electronically, for example Disclosure and Barring Service reference numbers and driving licence checks.

We looked at the arrangements for the management of people's medication. A support worker showed us details of each person's medicines, including how they were stored and recorded. We saw that medicines were stored securely for each individual. The member of staff had good knowledge of people's medicines. One person had 'as required' medication which they were able to request. All staff took responsibility for supporting people with the administration of their medicines and had completed the company's medication training. The manager told us that the training comprised theory, followed by three assessments of competence by senior staff. The manager told us that she always took responsibility for the third assessment and signing off to confirm competence.

# Is the service effective?

## Our findings

The service had a number of new staff and they had completed the company's induction training programme which included safeguarding, medicines, moving and handling, first aid, fire awareness, food safety, infection control, health and safety, mental capacity and deprivation of liberty, and diet and nutrition. The manager told us that other training relevant to the needs of people who used the service had been accessed through the local authority, for example in 2014 this had included diabetes and epilepsy. Six staff had a national vocational qualification (NVQ) in care and three were working towards a qualification. Records showed that five staff had a supervision meeting the week before our visit. Staff also had an annual appraisal.

Records showed that a mental capacity assessment had been carried out for each person by their social worker to determine whether they were able to understand their tenancy agreement. All were considered to have capacity to make their own decisions and no Deprivation of Liberty Safeguards were in place. One of the people who lived at the home went out on their own and we saw that they came and went as they wished. The other people had support from a member of staff when going out into the community. There were no restrictions on people's movements and doors were not locked during the daytime when staff were around. People chose not to go out on their own. The company provided a 'Deprivation of Liberty

Screening Checklist' that could be used to identify any issues about consent that needed to be referred to the person's social worker. The manager told us she had been involved with this service for seven years and the use of restraint had never been needed. People did not have challenging behaviour.

People were able to make their own breakfast and snacks and they were responsible for making the main meal with support from staff. Menus for the week were agreed at a weekly meeting. Food and drinks were available 24 hours a day and people had full access to provisions. People's weights were recorded monthly and there were no concerns about anyone's appetite or weight.

People who lived at the home were registered with a local health centre and had an annual health check and other visits as and when needed. People were also registered with a dentist. People received support from community mental health services and had an annual review with their social worker.

People who used the service were fully mobile and did not require any adaptations to the property. The manager and staff told us about plans to make a self-contained flat for one person on the top floor of the house. There was an intercom system linked to one person's bedroom at so that staff could check that the person was alright without needing to disturb them. There was a garden at the back of the house that one of the people who used the service particularly enjoyed.

# Is the service caring?

## Our findings

People had a key to their bedroom, to their own safe, and to the front door. People had decorated and furnished their bedrooms to their own taste and they had many personal belongings including pictures, TVs, computer, DVDs and CDs.

People were able to manage their own personal spending money but staff supported them to manage the tenancy, for example paying household bills. Each person contributed to a household fund for the main shopping and supplemented this with their own personal shopping.

People who used the service told us "I enjoy living here."; "I like living here, it is my home." We were told that the people who used the service got on well together although they had their own lifestyles and interests. Each person had a keyworker who they could talk to about personal matters. Two people had an advocate from MIND, and the other person had regular support from their family.

People were independent for personal care but staff encouraged them to maintain a good standard of personal hygiene and grooming. We saw that people could have a bath or shower whenever they wanted to.

We observed that staff were patient and caring and they treated people with respect.



# Is the service responsive?

## Our findings

We saw evidence that people were supported and encouraged in personal development, for example one person had two voluntary jobs and the manager told us that staff had spent a considerable length of time supporting this person to be able to travel to and from work independently. One person had their own vehicle and enjoyed visiting their family at weekends. The other people used public transport and had bus passes. Two people went out every weekday to various voluntary jobs and activities. During our visit, one person returned home from work and told the staff about their day. They then went out to the library and said “I’m going to Tai Chi tonight.”

We looked at a sample of care records for two people. The care notes were computerised and any documents, for example letters, were scanned into the care files. Records identified people's needs and the support required to meet their needs. They included details about the person's interests and hobbies and their life history. People all had a living will document. We saw evidence that people had been involved in writing the plans. A monthly key worker

report reviewed every aspect of the person's support and this included any medical visits, accidents or incidents, use of ‘as required’ medicines, review of the support plans, and review of how the one to one staff support time had been used. A full review was carried out annually.

Two people who used the service had needs related to autism and a 'structure board' in the house helped them in daily living. The board was updated each day with the date, names of staff on duty, the weather, and a daily plan for each person. Each Sunday people wrote their weekly planner, and menus and shopping were discussed. A rota for daily tasks such as cooking and washing up was agreed. People who used the service carried out all household tasks with support from staff

The provider had robust policies and procedures for dealing with complaints and people who used the service were encouraged to raise any complaints or concerns they had in various ways. They could speak with their key worker, raise issues at tenants' meetings, or speak with their advocate or family. No complaints had been recorded and CQC has received no concerns or complaints about this service.

# Is the service well-led?

## Our findings

The service is one of a range of services provided by the Wirral-based company Potensial. It had a registered manager, who also had the role of area manager for Pendleton Care residential services in the Greater Manchester area. The manager told us that she usually visited this service weekly, but had been visiting more frequently in the absence of a team leader and this was recorded in the visitors book. Recruitment for a new team leader was in progress.

Annual satisfaction questionnaires were sent to people who used the service, staff, and other stakeholders. People who used the service had recently completed their surveys and were positive about their tenancy and the support they received from staff. We saw that areas for improvement had been identified from previous surveys and an action plan put in place. Monthly service user meetings were held and included discussions about what people would like to do,

what activities they would like to attend, what food they would like, and any complaints or concerns. A house meeting was held after the monthly managers' meeting so that information could be passed on to the staff team.

The manager told us how the quality of the service was monitored and showed us records of the checks that were carried out. Staff working in the service told us that they were responsible for daily and monthly health and safety checks including water temperatures and fire equipment. They told us that medicines were counted every day, the fire bag was checked, and hand-washing facilities were checked. Weekly audits that included medicines, service users' money and care plans were the responsibility of the team leader but were being carried out by the manager in the absence of a team leader. The manager was also responsible for monthly checks that included training, health and safety, complaints, safeguarding and notifications.. She told us that there was also a full financial audit every three months.